

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
EMAIL
2008 OCT 15 PM 1:13

COMMITTEE NAME (Must be same as on Statement of Organization)

Denny Grabenbauer for County Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Denny Grabenbauer

Political Party (if applicable)

Democrat

Office Sought

County Supervisor

District (If Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Cindy Smiley
SIGNATURE OF PERSON FILING REPORT

641-752-1298
TELEPHONE

10/15/08
DATE SIGNED

I AM FILING A October 14, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

Marshall

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-kind below)

1435.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

1435.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5.35

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

1429.65

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Denny Grabenbauer for County Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/19/08	ID# CK#	Mike Larsen 2243 Shady Oaks Rd Marshalltown, IA 50158	None	\$100.00	<input type="checkbox"/>
8/19/08	ID# CK#	Ward Sheldon 306 S. 12th St. Marshalltown, IA 50158	None	20.00	<input type="checkbox"/>
8/25/08	ID# CK#	Alan J. Hoop 905 S. 12th Ave Marshalltown, IA 50158	None	50.00	<input type="checkbox"/>
9/4/08	ID# CK#	Fred Wynn Garden 403 Brentwood Rd. Marshalltown, IA 50158	None	40.00	<input type="checkbox"/>
9/5/08	ID# CK#	Karin E. Hill 808 Jackson St. Marshalltown, IA 50158	None	75.00	<input type="checkbox"/>
9/12/08	ID# CK#	Richard L. Hessenius 1007 Henry Dr. Marshalltown, IA 50158	None	20.00	<input type="checkbox"/>
9/12/08	ID# CK#	Patrick Brooks 611 Jerome St. Marshalltown, IA 50158	None	100.00	<input type="checkbox"/>
9/12/08	ID# CK#	John or Shirley Foster 2905 Arnold Dr. Marshalltown, IA 50158	None	25.00	<input type="checkbox"/>
9/12/08	ID# CK#	Gary or Geri Weitzell 212 E. High St. Marshalltown, IA 50158	None	25.00	<input type="checkbox"/>
9/12/08	ID# CK#	Vic Veren 3210 Lafayette Ave. Melbourne, IA 50162	None	100.00	<input type="checkbox"/>

SUB-TOTAL

\$555.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Denny Grabenbauer for County Supervisor

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9/15/08	ID# CK#	Ed Hughes 311 Orchard Dr. Marshalltown, IA 50158	None	\$20.00	<input type="checkbox"/>
9/15/08	ID# CK#	Floyd & Ella Harthun 6 Highland Acres Rd Marshalltown, IA 50158	None	50.00	<input type="checkbox"/>
9/15/08	ID# CK#	R & G Day 514 E. Olive St. Apt. 101 Marshalltown, IA 50158	None	100.00	<input type="checkbox"/>
9/18/08	ID# CK#	Loras & Karen Neuroth 303 S. 12th St. Marshalltown, IA 50158	None	50.00	<input type="checkbox"/>
9/18/08	ID# CK#	Kevin & Julie Hitchins 308 N. 4th St. Marshalltown, IA 50158	None	50.00	<input type="checkbox"/>
9/18/08	ID# CK#	Patrick & Susan Malloy 3804 Merritt Rd. Marshalltown, IA 50158	None	50.00	<input type="checkbox"/>
9/18/08	ID# CK#	Dean Elder, Jr. 201 Columbus Dr. Marshalltown, IA 50158	None	25.00	<input type="checkbox"/>
9/22/08	ID# CK#	Mary & Richard Bartine 1308 Marble Rd. St. Anthony, IA 50239	None	25.00	<input type="checkbox"/>
9/22/08	ID# CK#	Ada E. Asplund 2334 Odessa Dr. Marshalltown, IA 50158	None	20.00	<input type="checkbox"/>
9/22/08	ID# CK#	Larry & Joynell Raymon 2506 Smith Ave. Marshalltown, IA 50158	None	50.00	<input type="checkbox"/>
SUB-TOTAL				\$440.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Denny Grabenbauer for County Supervisor

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9/24/08	ID# CK#	Jeff Larson 2311 S. 5th Ave. Marshalltown, IA 50158	None	\$ 20.00	<input type="checkbox"/>
9/24/08	ID# CK#	James Bacilio 401 W. Southridge Marshalltown, IA 50158	None	25.00	<input type="checkbox"/>
9/24/08	ID# CK#	Thomas Longman 309 Green Mountain Rd. Green Mountain, IA 50632	None	20.00	<input type="checkbox"/>
9/29/08	ID# CK#	Perry Moore 2946 Twinkle Hill Rd. Marshalltown, IA 50158	None	50.00	<input type="checkbox"/>
10/1/08	ID# CK#	Brian Krumpholtz 1105 S. 12th Ave. Marshalltown, IA 50158	None	25.00	<input type="checkbox"/>
10/1/08	ID# CK#	William Bonzer 2114 Marsh Ave. Marshalltown, IA 50158	None	20.00	<input type="checkbox"/>
10/1/08	ID# CK#	Bob Bonzer 1036 Oxford Ave. Liscomb, IA 50148	None	20.00	<input type="checkbox"/>
10/7/08	ID# CK#	Thomas & Jacqueline Morkin 218 W. Meadow Ln Marshalltown, IA 50158	None	20.00	<input type="checkbox"/>
10/7/08	ID# CK#	Dan Anderson 1504 S. 5th Ave. Marshalltown, IA 50158	None	125.00	<input type="checkbox"/>
10/7/08	ID# CK#	Mark Smith 816 Roberts Terr. Marshalltown, IA 50158	None	25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 350.00	
TOTAL (If last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE	
A	
(Rev. 07/03)	
MONETARY RECEIPTS	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Denny Grabenbauer for County Supervisor

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10/8/08	ID# CK#	<i>James & Constance Stansberry 1701 Hillcrest Rd. Marshalltown, IA 50158</i>	<i>None</i>	<i>\$ 20.00</i>	<input type="checkbox"/>
10/8/08	ID# CK#	<i>Gordon & Kay Burke 411 E. Linn St. Marshalltown, IA 50158</i>	<i>None</i>	<i>20.00</i>	<input type="checkbox"/>
10/8/08	ID# CK#	<i>Michael Miller 1401 Emerald Dr. Marshalltown, IA 50158</i>	<i>None</i>	<i>50.00</i>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 70.00

TOTAL (If last page of this schedule)

\$ 1435.00

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Page *4* of *4*
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Denny Grabenbaver for County Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/30/08	ID# CK#	United Bank 2101 S. Center Marshalltown, IA 50158	Service Charge	\$ 5.35
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 5.35
TOTAL (If last page of this schedule)				\$ 5.35

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)